Tobacco Products

1. Have you smoked more than 100 cigarettes in your entire life?
   - Yes
   - No, Go to # 2
   - Other, Go to # 2

   comment: ________________________________

   1a. In what year or how old were you when you first started smoking?

   Year ___________ or Age ___________

   1b. Do you now smoke cigarettes?

   - Yes, Go to # 1d
   - No, Go to # 1c
   - Other, Go to # 2

   comment: ________________________________

   1c. In what year or how old were you when you last quit smoking?

   Year ___________ or Age ___________

   1d. On average, how many cigarettes per day do/did you usually smoke?

   __________________

2. How many hours per week are you exposed to second hand smoke (because of smoking by others)?

   __________________

3. Any comments regarding participant or completion of the tobacco use form?

   - No
   - Other

   comment: ________________________________

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Jackson